

MDOC Per Diem Calculation Worksheet for Regional Correctional Facilities

SCHEDULE A

Instructions: This should be completed and submitted to the Montana Department of Corrections by the governing body for the acquisition of detention services for state inmates. The cost information contained in this form will be reviewed by a representative from the MDOC Administrative and Financial Services Division. Upon request, additional supporting data in addition to that included as part of this cost sheet may be requested. The individual designated in Section V will be contacted by an MDOC representative to negotiate a per diem rate and its effective date. Upon completion of negotiations, a contract will be issued by the MDOC Administrative and Financial Services Division and forwarded to the governing body for review and signature. **The governing body shall only request the reimbursement of costs to the extent provided for in the latest revision of OMB Circular No.**

A-87. OMB Circular No. A-87 sets forth the principles and standards for determining allowable costs for state, local and Indian tribal governments. If additional guidance is required please contact Montana Department of Corrections, Administrative and Financial Services Division, (406) 444-3930.

Section I - General Information

Facility Name	Cascade County Regional Prison	Facility Physical Address	3800 Ulm N Frontage Road
Phone Number	406-454-6830		Great Falls, MT 59401
Fax Number	406-454-6941		
Facility Administrator	Sheriff Dave Castle		

Section II - Financial Data Summary

TOTAL OPERATING COST FOR REGIONAL CORRECTIONAL FACILITY:

A. Time Frame (Fiscal Year): FROM: 07/01/2005 TO: 06/30/2006
(MM/DD/YYYY) (MM/DD/YYYY)

ANNUAL COST
(Auto-calculated from
figures on following pages)

B. Total Personnel Salaries (Schedule B - Part I) \$ 1,095,014

C. Total Personnel Benefits (Schedule B - Part II) \$ 408,135

D. Total Consultants and Contract Service (Schedule C) \$ 724,534

E. Total Other Direct Operating Costs (Schedule D) \$ 370,957

F. Indirect Cost Proposal (Schedule E)* \$ 258,799

*A certified indirect cost rate proposal must be submitted if reimbursement for indirect costs greater than 6% is requested.

G. Total Equipment Depreciation Costs (Schedule F) \$ 8,094

H. Total Building Depreciation Costs (Schedule G) \$ 58,786

I. Total Actual Costs (Sum of Schedule B-G) \$ 2,924,319

TOTAL ACTUAL COSTS FOR PRIOR FISCAL YEAR..... \$ 3,230,469

Actual State Inmate Days:	55,368
Actual State Inmate Days Per Diem:	\$52.82